Department of Health & Social Care

National Maternity and Neonatal Taskforce: meeting note and actions

24 March 2026, 12:00 to 13:00, 39 Victoria Street, London

Contents

Overview

The Secretary of State for Health and Social Care chaired the first meeting of the National Maternity and Neonatal Taskforce. Members reflected on the scale and urgency of the challenge facing maternity and neonatal services, and the importance of the taskforce driving tangible and sustained change.

The Secretary of State for Health and Social Care emphasised the national importance of the taskforce's work, the need for openness and honesty, and the expectation that the group will focus on what will make the greatest difference to families, staff and outcomes.

Baroness Valerie Amos provided an update on the National Maternity and Neonatal Investigation, outlining its scope, timelines and engagement activity, with final publication planned for June. Baroness Valerie Amos highlighted the key themes from family engagement and early areas for further taskforce focus.

Ways of working charter

The taskforce agreed a ways of working charter, underlining the importance of a safe, respectful and open culture. Members recognised that differing perspectives are both inevitable and valuable, and that constructive challenge should be welcomed.

The Secretary of State for Health and Social care noted that it is his and NHS England's senior leaders' responsibility to make sure England has safe maternity and neonatal services. Therefore, there may be times where he has to take decisions as the chair of the taskforce which not all members may agree with.

There was strong support for ensuring lived experience contributors feel psychologically safe, alongside recognition that difficult conversations will be necessary. Family representatives highlighted their willingness to engage openly, including on challenging issues, and the importance of mutual honesty.

Members agreed that the Seven Principles of Public Life (Nolan Principles) should be shared alongside the charter to support transparency and accountability.

- Action: DHSC to share Seven Principles of Public Life (Nolan Principles) with the taskforce for information, to sit alongside the ways of working charter

- Decision: the taskforce agreed the ways of working charter

Terms of reference and accountability

The Secretary of State for Health and Social Care outlined revisions made to the initial draft terms of reference following early engagement with families and stakeholders. He emphasised the need to avoid unnecessary complexity in the action plan that the taskforce would develop, maintain clarity of purpose and prioritisation of the outcomes that matter most.

The Secretary of State for Health and Social Care acknowledged longstanding challenges around accountability in the NHS and the risk of cynicism driven by past reviews that did not lead to change. There was consensus that the taskforce must demonstrate how it

will operate differently, including by setting clear expectations for delivery and holding itself accountable for progress.

It was agreed that more detailed discussion on sequencing and timeframes would take place once the national investigation's final report is published.

- Action: taskforce to discuss sequencing and timeframes of action plan and taskforce's work plan following National Maternity and Neonatal Investigation's final report

Membership and representation

Members discussed taskforce membership and professional representation, including the balance between strategic leadership and frontline experience. Points raised included the value of senior midwifery, anaesthetic and neonatal perspectives, and the importance of maintaining strong links to day-to-day clinical realities.

The Secretary of State for Health and Social Care confirmed the intention to keep the taskforce itself relatively small, with broader expertise and lived experience feeding in through expert reference groups. Membership arrangements will be kept under review, with a focus on ensuring effective routes for insights from groups to inform taskforce decisions.

- Action: DHSC team to explore options for collaboration between expert reference groups (in other words, chair forums, open invites, and so on)

Scope of the taskforce

The taskforce confirmed that its remit extends beyond NHS maternity and neonatal services alone, encompassing the wider system including community services, primary care and other services that shape families' experiences.

Members stressed that families' journeys often cut across organisational boundaries, and that interactions outside the NHS can significantly affect outcomes and experience. The terms of reference will be updated to reflect this broader system scope more clearly.

- Action: DHSC team to change language in the terms of reference to reflect that the broader system is within scope of the taskforce's work

Measuring progress and impact

Members discussed the challenge of measuring improvement in a system where many outcomes will take years to change. There was strong interest in identifying short- and medium-term indicators that can demonstrate whether the system is moving in the right direction.

Suggestions included developing a clearer theory of change or logic model and strengthening routine performance reporting for maternity and neonatal services at trust level. Members also highlighted the importance of measuring experience alongside clinical outcomes.

The Secretary of State for Health and Social Care emphasised that the taskforce should not wait until the end of a Parliamentary period to judge success but should be clear about how it will know whether it is on track.

Expert reference groups

Members discussed how expert reference groups will operate and interact. There was support for including lived experience representation in the regulatory and investigatory bodies group, and for creating clearer mechanisms for collaboration and escalation across groups, including between chairs.

The importance of alignment and information flow between groups was highlighted to avoid siloed working.

- Action: DHSC team to explore options for including lived experience representation on the regulatory and investigatory body expert reference group

Decisions taken ahead of recommendations from the National Maternity and Neonatal Investigation

A concern was raised about the extension of the Maternity and Newborn Safety Investigations (MNSI) programme's lifespan ahead of the publication of the national investigation's final report. It was clarified that this was necessary to avoid any gap in the provision of independent maternity and neonatal investigations and did not pre-empt any recommendations the investigation (or local reviews) may make in relation to MNSI.

The Secretary of State for Health and Social Care reaffirmed that, more broadly, any changes now do not preclude reform, and that the system must be willing both to continue and to stop activities as evidence and learning emerge.

National Maternity and Neonatal Investigation update

The Secretary of State for Health and Social Care invited Baroness Valerie Amos to provide an update on the national investigation. She gave an overview of the investigation's scope, timelines and engagement activity, with the intention to publish the final report in June.

Key themes emerging from family engagement were shared, including frustration at repeatedly recounting traumatic experiences without seeing change, concerns about insufficient co-production, and anxiety that positive experiences could overshadow avoidable harm. Some families continue to call for a statutory public inquiry, while recognising that the investigation is a systemic review rather than a series of individual case reviews.

Indicative areas likely to require further taskforce attention were outlined, including regulation, inequalities, mental health, workforce training, IT and data, system configuration, and learning from international practice. The complexity of system configuration was highlighted, particularly where factors influencing outcomes arise well before pregnancy.

- Action: DHSC team to consider how the taskforce may approach areas highlighted by Baroness Valerie Amos where further work may be required after her final report

Members discussed prioritisation, accountability, data sets, workforce morale and leadership, recognising the long-term nature of cultural change and the need to sustain focus over time. There was acknowledgement that maternity and neonatal services have been deprioritised historically, and that the taskforce has a key role in maintaining momentum across government and the NHS.

The Secretary of State for Health and Social Care concluded by emphasising the importance of developing a shared understanding of both the problems and the actions required, and of using the taskforce as a mechanism to sustain accountability, focus and delivery.